

2018 CAMP ROTARY APPLICATION

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| LISTED BELOW ARE CAMPING DATES AND THE <u>OPTIONAL</u> OUT-OF-CAMP TRIPS PLANNED FOR EACH WEEK (At a modest extra charge) | | | |
| Week #1 - July 1 - 7 | — Canobie Lake Park | Week #5 - July 29 - Aug 4 | — Canobie Lake Park |
| Week #2 - July 8 - 14 | — Mel's Funway Park | Week #6 - Aug 5 - 11 | — Water Country |
| Week #3 - July 15 - 21 | — Funtown / Splashtown | Week #7 - Aug 12 - 18 | — Mel's Funway Park |
| Week #4 - July 22 - 28 | — Water Country | Week #8 - Aug 19 - 25 | — Funtown / Splashtown |

Are you a role model camper who is completing the 9th or 10th Grade in June 2018 ??
Find out more about our Leader-In-Training (LIT) program for 9th graders and our
Counselor-in-Training (CIT) program for 10th graders by contacting our Camp
Director at *camprotaryma@aol.com* or by calling the camp at 978-352-9952.

Tuition Fee - Ages 7 - 15

Registration Fee - - - - - \$35.00

Week Session Tuition- - \$725.00

ADDITIONAL FEES:

- * Camp Store: An average amount of \$25 per week is suggested.
- * Optional out of camp trips fees vary.
- * Most special diets can be accommodated but a surcharge may apply.

50% TOTAL TUITION MUST BE RECEIVED PRIOR TO MARCH 1, 2018 - BALANCE DUE APRIL 10, 2018

Fill out the registration form below completely.
Mail it to CAMP ROTARY, P. O. Box 270, Boxford, MA 01921-0270
BE SURE TO ENCLOSE THE \$35 REGISTRATION FEE
PLUS \$100 OF EACH WEEK'S TUITION (NON-REFUNDABLE & NON TRANSFERABLE)

- New Camper
 Returning Camper

2018 CAMP ROTARY APPLICATION FORM

PLEASE PRINT CLEARLY AND ACCURATELY

Camper's LAST Name _____ First Name _____ Nickname _____

Address _____ City _____ State _____ ZIP _____

Home Phone (_____) Birthdate _____ Sex _____ Grade Completed June 2018 _____

Parent #1 Name _____ Home Phone (_____) Work Phone (_____)

Parent #2 Name _____ Home Phone (_____) Work Phone (_____)

Email _____ Cell Phone (_____) This will be year # _____ at Camp Rotary

Is camper enrolled in any special education programs? _____ If so, please attach a brief explanation.

We became interested in Camp Rotary through: _____

Camps previously attended: _____ Location _____

Please circle camping choice(s) Weeks # 1 2 3 4 5 6 7 8

I have enclosed my non-refundable Registration Fee \$35.00

plus \$100 tuition for each week selected \$00

_____ for a TOTAL Amount of \$00

_____ **W** BALANCE DUE \$00

Please make your check payable to **CAMP ROTARY**
and mail with this form to:
CAMP ROTARY
P. O. Box 270, Boxford, MA 01921-0270

THE LEGAL STUFF - PLEASE READ CAREFULLY

No refunds of any kind can be made within one month prior to the child's arrival, except in cases of severe illness or injury verified by a physician. Once a child begins camp, **no refunds** can be made for illness, injury or any other reason causing a child's withdrawal. In order to provide the best possible camping experience for your son or daughter, the following rules and regulations will be enforced: Any camper found leaving his or her unit without permission after evening taps will be immediately dismissed from camp. Parents will be notified regardless of hour and asked to pick up their son or daughter. This rule will be strictly enforced and your cooperation and understanding will be appreciated. Smoking or use of any illegal substance will result in immediate dismissal from camp.

Camp Rotary states that no refund will be made to parents for any reason, including homesickness, medical illness or dismissal from camp.

In signing this application, the parent certifies that the camper will reach the minimum age prior to the camp session and acknowledges that he/she understands the policies above and will abide by them. It is understood that any damage to property or equipment caused by the camper's disregard of a leader's instructions must be paid for by the parent. The camp will not assume liability for loss or damage of the property of campers. The camp will provide first aid free of charge to campers but will not be liable for services of a physician or hospital should this become necessary. Physician & hospital expenses will be covered by the family or their insurance policy. Parents are responsible for securing transportation to and from camp for their child. The camp management reserves the right to dismiss a camper from camp due to behavior problems. **No refunds** will be made. Permission is also given to use photographs of campers in camp publicity. I hereby authorize and accept responsibility regarding the emergency transportation of my child from Camp Rotary to the nearest medical facility in the event of a medical emergency. I hereby authorize any physician / hospital selected by the camp director to treat my son/daughter for any injury or illness, as deemed appropriate by qualified medical personnel. I hereby give my permission to allow my child to attend camp activities held off camp property. I also agree to authorize the staff of Camp Rotary to administer non-prescription medication (Tylenol, Pepto Bismol, cough medicine, etc.) as deemed necessary by the camp administration.

Signature (Parent or Guardian) _____ Signature (Camper) _____ Date _____